

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

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Public Health
Prevent. Promote. Protect.

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

Date: _____ New ☐ Remodel ☐ Conversion ☐

Type of Food Operation: Restaurant ☐ Retail Market ☐ Institution ☐ Daycare ☐

Other (Specify) ☐ _____

Name of Establishment: _____

Establishment Address: _____

Establishment Phone #: _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Phone #: _____ email: _____

Applicant's Name: _____

Title: Owner ☐ Manager ☐ Contractor ☐ Architect ☐ Other ☐

Applicant's Mailing Address: _____

Applicant's Phone #: _____ email: _____

Hours of Operation:

Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____

Fri _____ Sat _____

Number of Seats (Authorized by Common Victualer): _____

Area of Facility (ft²): _____ Number of Floors: _____

Maximum # of Meals to be served (approximate): _____

Breakfast: _____ Lunch: _____ Dinner: _____

Will there be outdoor dining? YES ☐ NO ☐

Type of Service (Check all that apply): Sit Down Meals ☐ Take Out ☐ Caterer ☐

Single Use Utensils ☐ Multi-Use Utensils ☐

Will the establishment have entertainment (television, music etc.): YES ☐ NO ☐

Email: lwalsh@newtonma.gov

FOOD SUPPLY

Food Sources: _____

How often will refrigerated foods be delivered? _____

How often will frozen foods be delivered? _____

How often will dry goods be delivered? _____

Provide the amount of space (cubic feet) allocated for:

Refrigerator Storage: _____

Freezer Storage: _____

Dry Storage: _____

Identify the location and containers that will be used to store bulk food products (rice, sugar etc.):

List all foods that will cooked and cooled: _____

List all foods that will be cooked, cooled and reheated: _____

List all foods that will be hot held prior to service: _____

Hot holding for service of PHF foods (maintained at 140°F or above): Indicate

Type of unit(s): _____ Number of unit(s): _____ Location: _____

Cold holding for service of PHF foods (maintained at 41°F and below): Indicate

Type of unit(s): _____ Number of unit(s): _____ Location: _____

Will any of the following Special Processing Methods be used? YES ☐ NO ☐

- Reduced Oxygen Packaging, Use of Additives to Render a Food Non-PHF, Curing and Smoking for Preservation, Cook-Chill, Sous Vide, Live Molluscan Shellfish Tank, Sprouted Seeds, Fermenting
 - Some Special Processes require a HACCP Plan and / or a Variance

Will a HACCP Plan be submitted? YES ☐ NO ☐

- If YES, in addition to this application, complete the Hazard Analysis Critical Point Plan Review Application

Will a request for a Variance be requested? YES ☐ NO ☐

- If YES, in addition to this application, complete the Request for Variance Form

Explain the Handling / Preparation Procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where the food will be washed, cut, marinated, breaded, cooked etc. (prep table, sink, counter etc.)
- When food will be handled / prepared (time of day and frequency / day)

Ready to Eat Foods (e.g. salads, cold sandwiches, and raw molluscan shellfish): _____

Produce: _____

Poultry: _____

Meat: _____

Seafood: _____

PEST CONTROL

YES NO NA

Will all outside doors be self-closing and rodent proof? ☐ ☐ ☐Will screens be provided on all entrances left open to the outside? ☐ ☐ ☐Will all openable windows have mesh screening (minimum #16 mesh)? ☐ ☐ ☐Will air curtains be used? ☐ ☐ ☐

If YES, where? _____

WATER SUPPLY

What is the capacity and location of the water heater? _____

Will an ice machine be installed? YES ☐ NO ☐

If YES, where? _____

WARE & DISHWASHINGWill the largest pot & pan fit into each compartment of the 3-compartment sink? YES ☐ NO ☐

Describe the location & type of device used for air drying clean equipment: _____

Will a Dish machine / Glass machine be used? YES ☐ NO ☐

- If YES, what will be used for the final rinse cycle? High Temperature Rinse ☐ Chemical Rinse ☐

What type of sanitizer (s) will be used for: Food Contact Surfaces _____

Dish machine _____ Glass machine _____

Will dressing rooms/ lockers be provided? YES ☐ NO ☐

- If NO, where will Employees store personal items? _____

Identify the location for the storage of poisonous or toxic materials (chemical storage): _____

Identify how grease will be disposed: _____

Identify the location of grease storage containers: _____

REFUSE

Will refuse / garbage be stored inside? YES ☐ NO ☐

- If YES, where? _____

Identify how and where garbage cans and floor mats will be cleaned: _____

Will a dumpster be used? YES ☐ NO ☐ Number: _____ Size: _____

Frequency of pickup: _____

Company used for Dumpster pick-up: _____

Company used for Grease pick-up: _____

- Please note that all Waste Disposal Companies must be licensed with the City of Newton Health and Human Services Department

Will garbage cans be stored outside? YES ☐ NO ☐

Describe the surface and location where the dumpster/garbage cans will be stored outside the establishment: _____

Projected Start Date of Project: _____

Projected Date of Completion of Project: _____

Please Note: After six months if the work has not started or an extension has not been granted by the Newton Health and Human Services Department, your plan review application will be considered null and void. Fees will not be refunded.

FINISH SCHEDULE: Indicate which materials (Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile, 4" Plastic Coved Molding, etc.) will be used in the following areas.

| AREA | FLOOR | FLOOR / WALL JUNCTURE | WALLS | CEILING |
|--|-------|--------------------------|-------|---------|
| Kitchen | | | | |
| Bar | | | | |
| Food Storage | | | | |
| Other Storage | | | | |
| Toilet Room | | | | |
| Dressing Room | | | | |
| Garbage & Refuse Storage | | | | |
| Mop Service Sink | | | | |
| Ware washing Area | | | | |
| Walk-in Refrigerators & Freezers | | | | |
| Other | | | | |

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS

- ☐ Proposed Menu or complete list of food and beverages to be offered (Including seasonal, off site and banquet / catering menus)
- ☐ Plan of food establishment drawn to scale showing location of equipment, plumbing, electrical and mechanical services
- ☐ Equipment schedule including location, plumbing, drain and electrical connections
- ☐ Manufacturer specification sheets for each piece of equipment to be used in the establishment
- ☐ HACCP Plan Review Application if applicable (for Special Processes Requiring a HACCP Plan)
- ☐ Request for Variance if applicable (for Special Processes and Time as a Public Health Control)
- ☐ If applicable, HACCP Plan (plan should include all required information)
- ☐ Site plan showing location of food establishment location of building on site including alleys, streets and location of any outside equipment or facilities (dumpsters, well, septic system if applicable)

Please note that any missing information may cause a delay in the decision making process.

STATEMENT: I, _____ hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Newton Health and Human Services Department may nullify final approval.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required – Federal, State or Local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Local and State Laws governing Food Service Establishments.

FOR OFFICIAL USE ONLY

Date Submitted: _____

Fee Received: \$ _____ Check #: _____ Cash: _____

Person receiving fee: _____

| | | | | | | |
|-------------|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|
| Risk Level: | 1 <input type="checkbox"/> \$50 | 2 <input type="checkbox"/> \$50 | 3 <input type="checkbox"/> \$100 | 4A <input type="checkbox"/> \$150 | 4B <input type="checkbox"/> \$150 | 5 <input type="checkbox"/> \$150 |
|-------------|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|-----------------------------------|----------------------------------|

Update 5/16/14 F/Environmental Section/All PDF and F/Environmental Section/Form Templates